

nates in death if it is misunderstood. It is always curable if it is attacked at its commencement. 12. Patients afflicted with this disease are subject to relapses; these are often the consequences of the treatment employed. 14. The croup and the asthma of Millar are two distinct diseases, and require different treatment. 15th. Croup is a disease of infancy, but no age is exempt from it. 16th. Free local depletion, to the extent of producing paleness employed at the commencement of the disease is a true specific in croup. 17th. When the use of revulsives joined to this means is insufficient, and the disease arrives at its second stage, death in the greater number of cases is inevitable, temporizing is fatal, it is necessary to perform tracheotomy as quickly as possible. 18th. The performance of this operation is exempt from all danger.—*Annales de la Médecine Physiologique*, September, 1827.

48. *Diabetes*.—Dr. G. C. MONTANI has cured this obstinate disease by a stimulant plan of treatment. The patient had laboured under the complaint for some time, and was extremely reduced in strength, and afflicted with an almost insatiable thirst, and passed about eighteen pounds of urine in six hours; the quantity of food and drink taken in that period being fourteen pounds. Dr. M. put her on the use of stimulants, consisting of a decoction of bark, with laudanum and Hoffman's elixir; this producing good effects was persevered in for five months, when a perfect cure was effected. The patient took during that time, thirteen pounds of decoction of bark, two ounces and a half of Hoffman's elixir, besides laudanum, wine, &c.—*Journal des Progrès*, Vol. V.

OPHTHALMOLOGY.

49. *Description of a Cataract Needle*. By ARTHUR JACOB, M. D.—This instrument consists of a common needle of the size "known in the shops, as number seven, being the forty-fourth part of an inch in diameter, about one-half the size of the finest Saunders's needle which is made. The point can be turned to the requisite curve by means of a pair of cutting forceps, or the ward of a small key; of course without heat, which would destroy the temper. It must not however be expected that all needles are so soft as to be bent thus cold: there may not be ten in an hundred of this temper, but when once turned they retain the curve without any danger of bending or breaking, and certainly possess a degree of strength and temper, never observed in needles separately forged and finished by the best cutlers. They should always be tried before use, by passing them repeatedly through thick calves-skin leather. After they have received the requisite curve, the point should be cut flat on each side, on a fine hone, and carefully examined with a magnifying glass, to ascertain that it is perfect. The extent to which the point should be curved, may be left to the choice of the surgeon, reminding him that the greater the curve the more effectual the needle will be when introduced, but the difficulty of introducing it through the cornea will also be greater. I therefore recommend those who use it for the first time to choose one slightly curved. After the point has been turned, the needle, held in the jaws of a pair of pliers or a vice, is to be run down into a cedar handle, without cement, leaving only *half an inch* of blade, which I have found to answer every purpose. If the blade be left longer it will yield and spring when opposed to a resistance. The handle should be about a fifth of an inch in diameter, and four inches long. I use the handles made for camel-hair pencils, and find that a metallic ferule, which increases the weight, is unnecessary and objectionable. A needle thus constructed, and preserved free from rust, will retain its point for a great length of time: I have used the same one a dozen times without sharpening.

"The surgeon, provided with such a needle, places himself in the usual position with respect to the patient, availing himself of whatever assistance he

may find necessary to secure the lids.* He then brings the point of the needle within a very short distance of the eye, and when the cornea is brought into an advantageous position, he suddenly strikes the needle into it near its circumference. As I do not apprehend any opacity from the wound, I am not very particular, with respect to the precise point, where the needle pierces; I generally, however, enter it sufficiently near the margin to obviate defect from this cause. The point of the needle once fastened in the cornea, the surgeon has complete command of the eye; no action of the muscles can disengage it, and there is no danger of the needle slipping into the anterior chamber; an elevator or ophthalmostat is therefore altogether useless. The operator now pushes the needle through the cornea, which frequently yields like wet leather, and the eye often turns so much toward the inner canthus that the pupil is hid, and he must rely upon his knowledge of the course which the needle necessarily takes, in order to conduct it to the lens. This is the principal difficulty to be surmounted. If the surgeon does not now steadily push the needle forward, whatever resistance he may feel, he will find, when the eye returns to its proper position, that the point of the needle is still merely entangled in the cornea. This also is the period of danger to the iris: if the operator does not keep the flat of the needle to that membrane, with the point down, and the convexity up, he will be very liable to injure it. Should it happen that the point of the needle has passed through the iris, it may be easily extricated by gently drawing back the instrument without removing it from the eye. After the needle has been fairly entered, and that the operator sees its point at the opposite side of the pupil, he brings the cornea forward, merely by pulling it upon the needle, to which it is completely secured, in consequence of the blade being wedged into its texture. He now turns the point directly back, and gently tears open the capsule, picking and scratching the surface of the lens with a rotatory or drilling motion of the instrument: not with the lever or cutting movement, which is necessary when Saunders's needle is used. If the lens be soft and friable, the fragments fall like snow into the anterior chamber, and the surgeon may deal very freely with it, pushing the needle deep into its structure, and twirling the point round so as to mash it into a pulp. If however it proves hard, and that he attempts to deal thus with it, he fixes his needle in its tough and glutinous structure, turns it out of the capsule, drags it against the iris, and makes it necessary either to extract it or force it back into the vitreous humour. If the cataract be hard, the capsule should be opened, and the centre of the lens cautiously scratched with the point of the needle, so as to expose its texture to the contact of the aqueous humour, by which it is softened and fitted for breaking up on a future occasion. In withdrawing the needle the surgeon has to encounter the same description of difficulty which attends its introduction; it is tightly held by the cornea, requiring to be turned on its axis in order to extract it, as an awl is drawn from leather. It must not however be forgotten that this wedging of the instrument is attended with the great advantage of enabling the surgeon to operate on the most unsteady eye without an ophthalmostat or elevator."—*Dublin Hospital Reports, Vol. IV.*

50. *New method of treating Amaurosis.*—M. MAJENDIE having previously proved by experiment that the concurrence of the nerves of the fifth pair, are as necessary to vision as that of the optic nerves, supposed that amaurosis might sometimes arise from a paralysis of the first of these nerves, and that by powerfully exciting them, we might produce advantageous results. Being satisfied that these nerves might be punctured with impunity, and having remarked that the pupil was contracted whenever he pricked either of the orbital branches of the fifth pair, he passed one needle into the frontal nerve, and another into the

* Some ophthalmic surgeons recommend that the left hand be employed to operate on the right eye, supposing the operator to sit in front of the patient. I operate on the left eye sitting opposite to the patient, on the right standing behind him with the head resting against my chest; this latter position I find by far the most favourable and convenient.

superior maxillary, and connected each with one of the poles of a voltaic pile. In a case of amaurosis of one-half of the retina, accompanied with paralysis of the superior eyelid and some of the muscles of the eye, in three months the retina and muscles of the eye were restored to the performance of their healthy functions.—*Journal des Progrès, Vol. IV.*

51. *On the use of Chloruret of oxide of Calcium in Purulent Ophthalmia.* By Dr. VARLEZ.—Dr. Varlez, of the Military Hospital of Brussels, having been struck with the rapidity with which the chloruret of the oxide of calcium, when applied to ulcers, diminished the suppuration, was induced to try it in purulent inflammation of the conjunctiva, and also in the inflammation of the meibomian glands; and he has found it to be extremely useful, indeed he extols it as the most valuable remedy known in these cases. "I do not, however, suppose," says he, "that it can enable the practitioner to dispense with the other resources of art, when they are indicated by the state of the disease: it is thus that in severe acute ophthalmia, I employ copious general bleeding, frequently repeated, purgatives, calomel, pediluvia, &c. while in chronic cases I use setons, blisters, &c. conjointly with the solution of the chloruret."

Mr. Guthrie relates also several cases treated at the Royal Westminster Infirmary for Diseases of the Eye, with this remedy, which prove its utility.

The chloruret is applied in solution, in the proportion of one scruple to an ounce of distilled water; and the strength may be increased to four drachms of the chloruret to one ounce of water. This solution may be dropped in the eye, injected with a small syringe, or applied with a camel's hair pencil. When the solution ceases to be of service, he recommends that the quantity should be augmented, or its use suspended and again resumed after a time.—*Lond. Med. and Phys. Journ. November, 1827.*

52. *Gonorrhœal Ophthalmia.*—Mr. WISHART relates in the October number of the *Edinburgh Medical and Surgical Journal* a case of gonorrhœal ophthalmia, and concludes the account with some remarks on the character and treatment of the disease. These are for the most part very judicious, but there are two or three remarks in relation to its diagnosis, in the correctness of which we believe he will not be sustained either by observation or reason.

"The course of gonorrhœal ophthalmia is marked," says Mr. Wishart, "not only by the rapid extension of the inflammation from the lids to the eyeballs, but by the state of chemosis of the conjunctiva of the eyeball, and the rapid destruction of the anterior membranes of the eye."

Inflammation of the conjunctiva differs in its violence only, and as the degree may be influenced by the activity of the exciting cause, gonorrhœal matter, which is a very acrid secretion, when applied to the conjunctiva, generally, it is true, produces inflammation of a high grade, and which runs its course with great rapidity. But other causes produce inflammation of the conjunctiva, equally violent and rapid in its progress. Thus exposure to the heat of the days, and the light reflected from the bright sand, and the coolness of the evenings, in Egypt, excited in the soldiers of both the French and English armies during the famous campaign in that country, inflammation of the conjunctiva of a most violent grade, and which run on to destroy the eye with great rapidity. To the inflammation thus produced, the name of Egyptian ophthalmia was given, and it was erroneously considered by many surgeons as a peculiar inflammation. Between the inflammation excited by gonorrhœal matter and that produced by the above causes, no one has as yet succeeded in pointing out diagnostic characters, in fact there is no specific difference between them.

Mr. Wishart further remarks "during the whole progress of the disease, (gonorrhœal ophthalmia,) we never meet with any symptoms of inflammation of the iris; thus showing the distinction between this species of ophthalmia and the ophthalmia from true syphilis." When inflammation of the conjunctiva is produced by the application of the secretion from an inflamed urethra, when

it supervenes to the suppression of this discharge, or when it occurs during the discharge from the urethra, (we adopt the definition of Mr. Wishart, though we confess we do not understand his last form or *species* as he calls it,) it is considered as gonorrhœal ophthalmia. When in like manner inflammation of the conjunctiva is concomitant with, or supervenes to syphilis, it is named by those who believe in the specific nature of that poison, syphilitic ophthalmia. The whole amount of Mr. Wishart's remarks then appears to us to be that inflammation of the conjunctiva is not inflammation of the iris. If, however, he means to say that inflammation of the conjunctiva, when occasioned by gonorrhœa, never extends so as to involve the iris, he is assuredly wrong: moreover, *metastasis* of gonorrhœa sometimes takes place to the internal tissues of the eye; three or four cases in which this occurred are noticed in the preceding series of this journal.

Mr. W. also says that ulceration of the cornea in gonorrhœal ophthalmia, "differs from all other ulcers of the cornea which are funnel-shaped and filled with pus, whereas in this ophthalmia they are extensive, unequally deep, and seem exactly as if a bit of the cornea had been torn away with a hook." This diagnostic mark is as fallacious as the others. When the inflammation in gonorrhœal ophthalmia terminates in ulceration, it is usually in sloughing ulceration, as often occurs where the preceding inflammation is very violent, and on the separation of the slough, the ulcer described by Mr. W. is left. We have seen precisely similar ulcers succeed violent inflammation produced by blows and other mechanical injuries, &c. especially in drunkards, and in persons of depraved constitutions.

53. *Ossification of the Cornea.*—The eye of an old man was lately presented to the Société Anatomique, by M. MOXOT, in which the cornea was ossified throughout.—*Nouv. Bibl. May*, 1827.

SURGERY.

54. *Injury received in Dissection, without the Operator being Wounded.* By Sir ASTLEY COOPER.—The terrible consequences that have resulted from wounds received on dissection are too well known to require notice here, but it is not generally known that distressing effects are sometimes produced without any wound or abrasion upon the hands of the operator. Sir Astley Cooper says "It would seem that under certain circumstances a poison is produced sufficiently strong to excite inflammation, even when there is no wound," and he relates the following case:—

"Mr. Cook, surgeon, at Marsh-gate, Westminster Bridge, sent to me whilst labouring under the highest irritative fever, in consequence of having opened the body of a person who had died of puerperal fever. When I examined him, I found the extremities of his fingers of both hands inflamed, as if they had been dipped in scalding water, and the absorbents of his arms red, hard, and knotted to the axilla; yet he had not any wound or abrasion of any kind upon his hands, and it would therefore seem that the fluid produced in the abdomen of this woman, in which his fingers had been frequently immersed was of a highly stimulating nature."—*Lectures on Surgery, Vol. III.*

M. Bégin relates a somewhat similar case—see page 390 of this number.

55. *Periostitis.*—Dr. CASINI reported to the Medico-Physical Society of Florence, at their sitting of the 10th of June, three cases of idiopathic periostitis, two acute, and one chronic, which required surgical operations, from which he concludes that the inflammation of the fibrous envelope of the bones is the principal cause of caries, of necrosis, of atrophy, and absorption of the bone. He believes the best mode of curing these diseases is to open promptly the